

# More information for Assisters on “in-line” SEPs (4/4/2014)

As CMS has stated in previous guidance (<http://marketplace.cms.gov/help-us/assisting-consumers-march-31.pdf>), consumers who attest that they tried to apply for or enroll in coverage through either the Federally-facilitated Marketplace or a state Medicaid or CHIP agency (online, with an assister, or by phone) by 11:59 p.m. EDT on **March 31, 2014, and weren't able to complete their application or enrollment are considered to be “in-line” and are able to complete enrollment through an “in-line” special enrollment period.**

- **Consumers who already submitted an application online or through the Marketplace Call Center must select a plan by 11:59 p.m. EDT, on April 15.**
- **Consumers who submitted a paper application that is received by the Federally-facilitated Marketplace by April 7 must select a plan by 11:59 p.m. EDT, April 30.**

**Consumers who qualify as being “in-line” don't need to have an account previously created or have started the application by March 31 if they were hindered from doing so due to experiencing any of the issues described below.**

## **Consumers who experienced system problems**

Consumers who made a good faith effort to begin the application process or complete their enrollment **before March 31** are considered by CMS to be “in-line.” For example, consumers who experienced a “system problem” would qualify as “in-line,” including:

- The HealthCare.gov website being down due to planned or unplanned maintenance periods or other reasons;
- Heavy traffic to HealthCare.gov or the Marketplace Call Center (including hold times at the Marketplace Call Center or experiencing a dropped call);
- Receiving a “data sources down” message on the online application or when applying through the Marketplace Call Center;
- Not successfully passing identity proofing; or
- Another system issue that prevented them from finishing the enrollment process.

## **Consumers awaiting a Medicaid eligibility determination**

Also, a consumer is considered “in-line” if they submitted a Medicaid application on or before March 31 but didn't receive an eligibility determination until after March 31. In addition, individuals who applied for and received an eligibility determination that they were NOT eligible for Medicaid before March 31 but didn't receive information from the Marketplace about how to proceed with applying for a Marketplace plan before the close of open enrollment will qualify for the “limited circumstances” SEP — see <http://marketplace.cms.gov/help-us/complex-cases-sep.pdf>.



Health Insurance Marketplace



## **Consumers who experienced peak demand for application or enrollment assistance**

In addition, consumers who, by the March 31 deadline, attended an enrollment event sponsored by an assister organization but were turned away because of high demand, called or left a message seeking help from an assister, or started an appointment with an assister but couldn't complete the application or enrollment are also considered "in-line."

## **Activating the SEP**

Consumers can attest online or through the Marketplace Call Center to activate this "in-line" SEP. To help consumers and assisters, a new button appears on the [HealthCare.gov](https://www.healthcare.gov) home page reading, "In line by the deadline? Finish now." Through that link, consumers are provided helpful information, as well as a green button to "continue enrolling." Consumers should then log into their account (or create a new one) and proceed to enrollment. Finally, consumers can access the "in-line" attestation screen on their Enroll To-Do List. By continuing past this screen, they are attesting that they were "in-line" by March 31 and can continue to enrollment.